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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email	Address;	
		_

FLORIDA LIMITED LIABILITY CO. ALL IN STUDIO PRODUCTIONS LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

3052201440

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LLC." or "LLC.")

All In Studio Productions LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

251 East Flagler St, Suite 222

Miami, FL 33131

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

11291 SW 157th Ct

Miami, FL 33186

Vivian Burguillos

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

Vivian Burguillos - AMBR

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated berein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Vivian Burguillos

Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

FILED

2021 NOV 22 PM 1: 11

SECRETARY OF STATE